

## 625 Burnell Street, Napa, CA 94559 Tel. (707) 259-863 / Fax (707) 259-8638

## www.nvta.ca.gov

\*City/Town/County members are appointed by their respective Councils or Board of Supervisors (whichever is applicable)

Members serve **two years**, although initial terms are staggered between 1-3 years to ensure continuity on the committee. Meetings are held on the first **Wednesday** of every month at 5 p.m.

Applicants are encouraged to read the <u>Board Agenda letter</u> outlining the objectives and responsibilities of CAC members.

Contact Information		
Name		
Email		
Phone		
Residence	Where is your primary residence?	
	City of American Canyon City of Calistoga City of Napa City of St. Helena Town of Yountville Unincorporated Napa County	
	Circle your primary residence above.	
Experien	ce	
Occupation		
Community Involvement		

	Advocacy Environment Seniors Students Non-Profits Affordable Housing Healthcare
	Transportation Paratransit Coordination Council Member Active Transportation (biking, walking) Public Transit User
	As described above, this committee will strive to represent a diverse cross-section of the community. What categories describe your interests and experience? (Circle several to select multiple options!)
Explain your experience	
	Tell us more about your work or volunteer experience in the Napa Valley, especially how it relates to your transportation interests, and how that would benefit the committee.
Education:	
	Tell us about your education and training.
Public Policy experience	
	Do you have any experience in public policy? What committees have you previously served on?
<b>Resume</b> Please	make sure to attached a resume.
Transport	ation Goals
How do you see transportation in the next 25 years?	
How do you	
travel through Napa Valley?	1

Have you used alternative transportation before?	
	Do you mostly drive? Ever take the bus? Ride a bike? How would you like to travel? Do you have public transit experience from other cities?
Please list a fev	v references who could speak to your experience and character.
Name of first reference	
Phone	
Email	
Describe your relationship to this person	
Please list a fev	v references who could speak to your experience and character.
Name of second reference	
Phone	
Email	
Describe your relationship to this person	
	is required. Applicant must confirm the submitted information is correct to the best of their
knowledge. Signature	